



United States Department of the Interior
Bureau of Land Management
Wyoming State Office



Special Recreation Permit Annual Evaluation

Outfitter: _____ Year: _____
Business Name: _____ Expires: _____

1. Insurance: Expiration Date: _____ Current: ☐ Yes ☐ No
Acceptable Limits: Liability: _____ ☐ Yes ☐ No
Property: _____ ☐ Yes ☐ No
U.S. named insured/co-insured/additional? ☐ Yes ☐ No

- | 2. Fees Paid? | Date | Amount | | |
|--------------------------|-------|--------|------------------------------|-----------------------------|
| Credit Forward | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Previous Balance Due | _____ | _____ | | |
| Minimum Annual Fee | _____ | _____ | | |
| Campsite Reservation Fee | _____ | _____ | | |

3. Operations conform with operating plan? _____ ☐ Yes ☐ No

4. Performance bond status effective? Expires: _____ ☐ Yes ☐ No

5. Post Use Report in on date: _____ Correct: ☐ Yes ☐ No

6. Wyoming State Board of Outfitters & Professional Guide license in file? ☐ Yes ☐ No

7. Number of days on BLM land: _____ Number of participants: _____

8. Free of violations or public complaints? _____ ☐ Yes ☐ No

9. On-the-ground inspection completed for overnight camps? _____ ☐ Yes ☐ No

10. Outfitter performance rating: ☐ Superior ☐ Acceptable ☐ Probationary ☐ Unacceptable ☐ Yes ☐ No

11. Superior Outfitter Performance Documented? (Note in Comment Section) ☐ Yes ☐ No

12. Permittee sent results of Annual Evaluation? _____ ☐ Yes ☐ No

Comments: _____

Annual Evaluation Completed By: _____ Date: _____

Annual Evaluation Approved By: _____ Date: _____